



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <u>069-609</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2000</u> Through <u>12 31 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>Donna</u> Last Name <u>Adamson</u> P.O. Box • Building and Room Number (if any) _____ Number and Street <u>35 E 7th St #308</u> City <u>Cincinnati</u> State <u>Oh</u> ZIP Code + 4 <u>45202</u>		
DONNA ADAMSON (2) 069-609 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 210 LU 12 35 E 7TH ST STE 308 CINCINNATI, OH 45202 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME <u>Hotel Employees - Restaurant Emp Int</u>			
5. DESIGNATION (Local, Lodge, etc.) <u>Local 12</u>		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number <u>11</u>	<u>Hotel - Restaurant Employees Pension Fund D-2 #275398, 35E 35 E 7th St, Executive Bldg, Suite 308, Cinti, Oh 45202</u> <u>Hotel Employees - Restaurant Emp Union Local 12 Retirement Plan, 35 E 7th St Suite 308, Cinti Suite 308, Cinti, Oh 45202</u>
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Donna Adamson</u> <u>3130101</u> (513) 241-0341 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Charles Johnson</u> <u>3130101</u> (513) 241-0341 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☐ ☒
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1383
19. What is the date of your organization's next regular election of officers? MO 04 YEAR 2001
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500,000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>22</u> per <u>Month</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>41 + 45</u>
(c) Transfer Fees	\$ <u> </u>
(d) Work Permits	\$ <u>2.00</u> per <u>day</u> <small>(Month, Year, etc.)</small>

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☐ ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: —

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash	1	153,691	131,054
	26. Accounts Receivable			
	27. Loans Receivable			
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	21,005	17,448
	31. Other Assets	3		
	32. TOTAL ASSETS		174,696	148,502
LIABILITIES	33. Accounts Payable	8		
	34. Loans Payable			
	35. Mortgages Payable			
	36. Other Liabilities		4	
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		174,696	148,502

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: _____

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			349347	56. To Officers	9		43928
40. Per Capita Tax				57. To Employees	10		79624
41. Fees			35564	58. Per Capita Tax			202163
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		29009
44. Work Permits			55684	61. Educational & Publicity Expense ...			0
45. Sale of Supplies				62. Professional Fees			6097
46. Interest			5397	63. Benefits	11		29051
47. Dividends				64. Contributions, Gifts & Grants	12		539
48. Rents				65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			3692
50. Loans Obtained	8			67. Withholding Taxes			50384
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		967
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		250	71. To Affiliates of Funds Collected on Their Behalf			0
55. TOTAL RECEIPTS			446262	72. On Behalf of Individual Members ...			270
				73. Other Disbursements	15		23174
				74. TOTAL DISBURSEMENTS			468898

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: -

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	NA				NA
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	NA				NA
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	NA				NA
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 10px;"> <div>Enter the Totals from Line 6 in</div> <div style="text-align: center;"> ↑ Item 27 Column (A) </div> <div style="text-align: center;"> ↑ Item 69 </div> <div style="text-align: center;"> ↑ Item 51 </div> <div style="text-align: center;"> ↑ Item 75 with Explanation </div> <div style="text-align: center;"> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	NA
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	NA
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: _____

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	NA
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	NA
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: -

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	NA			
2. Totals from additional pages (if any)				
3. Buildings (give location):	NA			
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	25,525	8077	17,448	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			17,448	

↑

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. NA				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 	

↑

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: _____

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Office Desk	397		397
2. Office Chair (Secretary)	370		370
3. Office Desk Chair	201		201
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		968
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2. NA					NA
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ <div style="display: flex; justify-content: space-between;"> Item 34 Column (C) Item 50 Item 70 Item 75 with Explanation Item 34 Column (D) </div>					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: _____

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. Adamson First Name: Donna Title: President/Bus Mgr Status: C		24557	0	6238		30795
Last Name: 2. Johnson First Name: Charles Title: Financial Secy Status: C		23365	0	6957		30322
Last Name: 3. Buffin First Name: Jean Title: Status: C				360		360
Last Name: 4. Hill First Name: George Title: Executive Board Status: C				270		270
Last Name: 5. Tarrance First Name: Arthur Title: Executive Board Status: C				330		330
Last Name: 6. Taylor First Name: Johnny Title: Executive Board Status: N				330		330
Last Name: 7. Griffith First Name: Regina Title: Recording Secy Status: N				210		210
8. Totals from additional pages (if any)				450		450
9. Totals of Lines 1 through 8				15,145		62,067
Enter the Total from Line 11 in _____ Item 56 →				10. Less Deductions 19,139		
				11. Net Disbursements 43,928		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: —

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>1. Hyder</div> <div>Position</div> <div>Business Agent</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>Dennis</div> </div>	28797		7478		36275
<div> <div>Last Name</div> <div>2. Goodman</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>John</div> </div>	21080				21080
<div> <div>Last Name</div> <div>3. Ste</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>Paige</div> </div>	23251		2082		25333
<div> <div>Last Name</div> <div>4. Sanders</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>Robin</div> </div>	13053				13053
<div> <div>Last Name</div> <div>5.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div></div> </div>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	8500		1230		9730
8. Totals of Lines 1 through 7	94,681		10790		105471
<div>Enter the Total from Line 10 in..... Item 57 ⇨</div>			9. Less Deductions 25847		
			10. Net Disbursements 79624		

SCHEDULE 11 — BENEFITS

FILE NUMBER: _____

Description (A)	To Whom Paid (B)	Amount (C)
1. Hotel Restaurant Emp Pension	Officers Trust for Staff	2478
2. Local #12 Retirement	Officers Trust for Staff	5913
3. Health Ins Anthem BC-BS	Carrier	20,660
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		29051
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Memorials	164
2. United Way	200
3. Labor Day Prizes	100
4. Special Olympics	75
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	539
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent - Electric	10,282
2. Tel	5,685
3. Workers Comp.	
4. Meeting Room Exp	1153
5. Workers Comp	513
6. Petty Cash	144
7. Total from additional pages (if any)	10082
8. Total of Lines 1 through 7	29009
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. <i>Burial Benef. 1</i> <i>HERE International</i>	<i>250-</i>
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. <i>D. Refunds</i>	<i>2723</i>
2. <i>Lo 84 - Service Col</i>	<i>13877</i>
3. <i>Arbitration E K</i>	<i>49³⁹⁻</i>
4. <i>Organization</i>	<i>3975</i> <i>138-</i>
5. <i>Loir Retirement</i>	<i>5913 -</i>
6. <i>Negotiation Expense</i>	<i>423 -</i>
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	<i>23174</i>
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: Haywood-Waller First Name: Linda Title: Executive Board Status: N				150		150
Last Name: Long First Name: James Title: Status: P				60		60
Last Name: Rogers First Name: Mary Title: Status: P				120		120
Last Name: Whittaker First Name: Carl Title: Status: P				120		120
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:				450		450
Totals						

ORGANIZATION NAME:

FILE NUMBER: _____

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

Schedule 13

Office + Administrative Expense

Office Supplies

4322-

Equipment Rental + Maint.

2671-

814-

Insurance

2272-

Printing

10,082-

